

U.S. VETERANS HOSPITAL, JEFFERSON BARRACKS,
ADMISSIONS BUILDING
(Veterans Administration Facility, Jefferson Barracks, Building No. 50)
(Veterans Administration Hospital, Jefferson Barracks)
(Department of Veterans Affairs Medical Center, Jefferson Barracks
Division)
VA Medical Center, Jefferson Barracks Division
1 Jefferson Barracks Drive
Saint Louis
Independent City
Missouri

HABS MO-1943-V
MO-1943-V

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

REDUCED COPIES OF MEASURED DRAWINGS

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HISTORIC AMERICAN BUILDINGS SURVEY

U.S. VETERANS HOSPITAL, JEFFERSON BARRACKS, BUILDING 50

HABS No. MO-1943-V

- Location:** Building 50, VA Medical Center, 1 Jefferson Barracks Drive,
St. Louis, Missouri
USGS Quadrangle Oakville, Missouri
UTM Coordinates 16 7258337 E 9965507 N
- Date of Construction:** 1952
- Designer:** Jamieson and Spearl, Architects and Engineers, St. Louis, Missouri
- Contractor:** Unknown
- Present Owner:** U.S. Department of Veterans Affairs (VA)
- Present Use:** Psychiatric Services, Storage
- Significance:** The Admissions Building was part of an early 1950s project to expand the hospital complex to accommodate veterans of World War II and the Korean War, and to convert the hospital to a psychiatric treatment facility. The layout of the Admissions Building was influenced by the theories of Dr. Paul Haun, a psychiatrist who was influential in shaping the designs of VA mental treatment facilities in the post-World War II years. The Admissions Building served as the main admissions and short-term intensive treatment facility for the psychiatric hospital. New patients were sent to this building for examinations and diagnosis, and then they lived in and received therapy in this building during their first four to six months of treatment. The building was used for its original function from the 1950s through the 1980s and was in use as a psychiatric and prosthetic ward by 1990. Today, only the first floor is used for psychiatric treatment; the remainder of the building is used for storage. The Admissions Building is scheduled for demolition in the near future.
- Project Information:** This project was sponsored and funded by the U.S. Department of Veterans Affairs as mitigation for the demolition of buildings at the St. Louis VA Medical Center, Jefferson Barracks Division, a property that has been determined eligible for the National Register of Historic Places via consensus determination of eligibility between the U.S. Department of Veterans Affairs and the Missouri Department of Natural Resources State Historic Preservation Office.

Description:

The Neuropsychiatric Hospital Admissions Building (Building 50, hereafter the Admissions Building) is a four-story brick-clad facility with a flat roof. The Admissions Building is situated on the west side of the medical center campus and is the southernmost of a series of buildings constructed in the early 1950s on the northern end of the medical center campus. The facility sits on a grass lot and faces an asphalt drive. The southeast corner of the Admissions Building faces a parking lot, grass lawn, and the former Recreational Building (Building 24). The southwest and west portions of the building face grass lawn and the medical center's perimeter drive. The area east of the Admissions Building contains a mixture of lawn and parking lots, and the area to the north of the building has grass lawn and the medical center's Chapel (Building 64).

The building has a reinforced-concrete frame composed of concrete posts and beams, with concrete slabs for the floor and roof. The wall spaces between the concrete posts are filled in with terra-cotta block and then veneered in brick on the exterior. The brickwork of the entire building follows a regular pattern of horizontal bands of plain yellow brick alternating with bands of orange brick; the orange bands have a pattern in which recessed courses of brick alternate with projecting courses to form a linear texture. A yellow brick parapet exists on all sides of the building, and the parapet has a thin limestone coping at the top. The windows of the building are metal replacement windows throughout. The interior of the building has been heavily remodeled on the first floor, but the second, third, and fourth floors retain some aspects of the original floor plan and some original interior finishes.

The building has a complex layout composed of several wings with rooflines of varying heights. The core of the building is long and narrow and extends from the building's south wall to the north wall. The core is consistently four stories tall except at its center, where there is a small penthouse that serves as a fifth story. Fenestration and brickwork are fairly consistent over the entire core, consisting primarily of small rectangular windows set in horizontal bands of orange brick.

Extending from the core are several smaller wings that project to the east or west. The facade (west wall) of the building has three of these wings, including two largely identical four-story side wings, and a more elaborate, tiered center wing. The front (west) portion of the center wing is three stories tall, with the second and third floors cantilevered over an open first floor. The rear portion of the center wing is four stories tall.

The east wall of the building also has three major wings that extend out to the east. The north and south wings are four stories tall and are identical. The center wing has a more complex stepped form, and includes one, two, and four-story sections. The hospital's system of above-ground connecting corridors is attached to the Admissions Building on

this central wing. Like most of the 1950s-era buildings at the medical center, the Admissions Building is constructed on a hillside, so the basement level of the building is below grade on the building's west side but visible on the east side of the building.

The central wing on the west side sits at the center of the facade; this wing features a three-story entrance pavilion with a flat roof. The entrance pavilion is cantilevered, so the first floor of the pavilion is an open plaza and has thin concrete support columns and no walls. The first-floor plaza shelters an entrance area that features two pairs of replacement windows and a replacement aluminum sliding double door.

The two upper stories of the entrance pavilion have yellow brick walls. Each floor of the entrance pavilion has three window openings. On the second floor, each opening is equal in size, and each opening features a pair of metal replacement one-over-one metal windows. On the third floor, the center window opening is larger, while the two flanking openings are equal in size. The center opening contains three double hung one-over-one metal replacement windows, and the side openings contain two of these windows. On both floors of the entrance pavilion, the windows are surrounded by a rectangular frame of limestone trim. The brickwork between the windows within the limestone trim is orange and has a linear texture created by alternating courses of recessed and projecting brick. The entrance pavilion is capped with plain limestone coping. On both the north and south walls, the entrance pavilion has two window openings on the first and second floors; these window openings are each filled with a pair of double-hung one-over-one metal replacement windows.

Behind (to the east of) the entrance pavilion is a second portion of the west center wing. This portion of the wing is sandwiched between the entrance pavilion and the core wing of the hospital. This part of the west center wing is a full four stories tall and is decorated with wide, alternating horizontal bands, with flat yellow brick alternating with orange bands of brick that are laid in a way that provides a linear texture. A series of metal double hung one-over-one replacement windows articulate this part of the building.

The center wing of the facade is flanked by two three-bay portions of the building's core wing, both of which are a full four stories in height, and each of the four floors features two sets of double one-over-one metal replacement windows, with a single one-over-one metal replacement window in the center.

To the north and south of the above-mentioned sections of core wing are two largely identical side wings, specifically the southwest wing and the northwest wing. These wings are both a full four stories tall, and each exhibits a pattern of alternating yellow and orange brickwork bands. The west wall of each of these wings has a wide vertical band of limestone veneer in the center. Within this limestone is a single one-over-one metal replacement window on each floor. The north and south walls of each of these wings each

include alternating bands of orange and yellow brickwork, and four one-over-one metal windows on each of the four floors. On each floor, the southwest and northwest wings have four separate window openings for the four one-over-one windows.

The southwest and northwest wings are then flanked on the facade by the west faces of the north and south ends of the core wing. Both the south and north ends of the core wing are a full four stories high and have alternating bands of yellow and orange brick. The south end of the core wing has five bays on the facade. These bays include, from the second floor to the third floor, a single bay of glass block windows, and then a series of four one-over-one metal replacement windows. On the first floor, the fenestration is the same except that instead of a glass block window in the northernmost bay there is a flat metal door. The first two floors of this part of the facade project out slightly from the rest of this part of the facade, as does the northernmost bay of the third and fourth floors.

On the northern end of the core wing on the facade, on each of the second through the fourth floors, is one glass block window and five one-over-one replacement windows. The northernmost two bays of this part of the facade are recessed slightly.

The north wall of the building is part of the core wing. This wall is four stories tall and has the orange and yellow brickwork pattern that is visible on most of the building, but the center of the wall has a vertical area of limestone cladding, one bay wide. The limestone on each floor of the building surrounds a single one-over-one metal replacement window. The south wall of the building is also part of the core wing, and is nearly identical in composition to the building's north wall. However, because of some shallow extensions on the south portion of the building, the first two stories of the south wall are wider than the third and fourth floors. All four floors are of uniform width on the north wall.

The east (rear) wall of the building is four full stories, and due to the slope of the site, a small portion of the basement level is exposed at the center of the east wall. The center of the east wall is composed of the east center wing, which has a stepped composition. The first floor of this center wing is a one-story structure with orange and yellow brickwork bands and limestone coping at the top. The fenestration of this floor of the wing includes three openings on the east wall: two single one-over-one metal replacement windows flanking a double one-over-one metal replacement window. The south wall of this center wing features four one-over-one windows in four openings; the north wall of this wing is obscured by a brick connector structure that connects the Admissions Building to other facilities at the medical center.

The second story of the east center wing is stepped back from the first story, and features orange and yellow brick bands, concrete coping, and a single small one-over-one metal replacement window on the wing's east wall. The third and fourth floors of this wing are stepped back together even further and are merely shallow extensions. The third and fourth

floors have the typical orange and yellow banded brickwork, and have no windows on the north and south walls of the extension. The east wall of the extension has two openings, each of which contains two one-over-one metal replacement windows.

On the east wall, a second small extension sits to the north of the east center wing. This extension is only one bay wide, but it does extend four stories. The extension has orange and yellow brickwork bands, and each floor has a single one-over-one metal replacement window on the east wall.

The east center wing and the small extension to the north of it are flanked by sections of the east wall of the core wing. The section of wall south of the east center wing is seven bays wide, and all window openings contain a single one-over-one metal replacement window, except for one opening on each floor that contains a double set of one-over-one metal replacement windows. The wall north of the east central wing has, on each floor, five one-over-one metal replacement windows.

The east wall has two more wings projecting out from it: the southeast wing and northeast wing. These wings are nearly identical and are four stories tall with orange and yellow brickwork. On each floor of the north and south walls of each wing are two window openings, except for the north side of the southeast wing, which has one window opening containing four one-over-one metal replacement windows. Each of the other window openings has two one-over-one metal replacement windows. On each floor, the east wall of these wings features a single opening with three one-over-one metal replacement windows.

The remaining portions of the east wall are the south and north ends of the core wing. The south end has, on each floor, four one-over-one metal replacement windows. The first and second floors of this part of the building project out slightly. For the north end, each floor has five one-over-one metal replacement windows, and the northernmost two bays are recessed slightly.

The interior of the Admissions Building has four full stories. Each floor features elevators and a main lobby in the center of the floor. Also on each floor are corridors leading out of the lobby area, providing access to the ward spaces in the north and south portions of the building. This layout pattern reflects the original overall circulation pattern of the Admissions Building, but the interior finishes and the layout of many of the ward spaces on all floors have been heavily remodeled from the 1960s through the 1990s.

The first-floor interior has a stairwell, entrance lobby, and elevator area positioned in the center of the building on the west side. To the east and south of the lobby area are a series of rooms that have been heavily remodeled and that are part of the psychiatric treatment facility that still occupies this floor of the building. Corridors that open out on the south and north ends of the lobby lead into heavily remodeled ward spaces in the south and north portions of the first floor. Although the central lobby has been remodeled, this area is the

one portion of the first floor where some original features remain. Original features here include colored terrazzo floors, some dull-green terra-cotta-block wall cladding, and a large bronze plaque that commemorates the dedication of the building. The terrazzo is yellow with a green border. The bronze plaque, which is mounted on a wall north of the main entrance, has an arched top and a seal of the Veterans Administration with an eagle and shield, and a date of 1930. The lower portion of the plaque reads "Veterans Administration Hospital Erected 1950." The remainder of the first floor has been remodeled with gypsum board walls, acoustical drop ceilings, recessed fluorescent lighting, and replacement interior doors. No original features or finishes were observed on the first floor outside of the entrance lobby.

The second, third, and fourth floors of the building have a layout similar to the first floor, with a central elevator lobby, a central block of rooms next to the lobby, and corridors leading to rooms and ward spaces in the south and north portions of the building. The central elevator lobbies on the second, third, and fourth floors of the building are among the most intact portions of the building. Each of these lobbies retains their original layout, as well as large quantities of the original dull-green glazed terra-cotta-tile cladding on the walls. The lobbies on the second and third floors also each have an original white ceramic wall-mounted water fountain. All three upper-floor lobbies have acoustical tile drop ceilings and fluorescent lighting that are not original.

The second floor has a small room next to the central lobby in which the walls are clad in original tan-colored glazed terra-cotta tile, and the main hallway that leads north from the elevator lobby on this floor also retains original dull green glazed terra-cotta tile. Throughout the building, the dull green glazed tile is always positioned on the lower half of the wall, and the floor molding is composed of a glazed terra-cotta tile in a darker shade of green.

For the second, third, and fourth floors, double doors in the lobby lead to corridors that give access to various rooms and ward spaces in the north and south portions of the building. Since these spaces have seen active use as treatment facilities for nearly sixty years, they have been heavily remodeled several times. These areas have central corridors opening into rooms on each side, and gypsum board or plaster walls, acoustical drop ceilings, fluorescent lighting, and replacement interior doors. While the overall configuration of central double-loaded corridors has been retained, the configuration of many of the rooms and ward spaces in this portion of the building has been changed over time to accommodate new treatment techniques and hospital procedures as psychiatric treatment has evolved over the last six decades. As a result, these areas of the Admissions Building retain relatively recent interior finishes.

History:

The Admissions Building's construction is related to a post-World War II conversion of the VA Hospital at Jefferson Barracks from a general medicine facility to a neuropsychiatric hospital. With the end of the war, a large number of veterans required medical and psychiatric treatment; to deal with this situation in St. Louis, the VA constructed the John Cochran Hospital downtown for general medicine and converted the existing Jefferson Barracks facility (south of the city) to a neuropsychiatric hospital. The John Cochran Hospital was built in the late 1940s and early 1950s, while initial new construction and remodeling for the neuropsychiatric facility was carried out at Jefferson Barracks from 1950 to 1952.

1940s Mental Health Reform and Post-World War II VA Neuropsychiatric Hospital Design

The conversion of the Jefferson Barracks facility to a modern neuropsychiatric hospital was related to a wave mental health reform at the end of World War II. Public demands for improved conditions were stoked by a 1946 article in *Life* magazine, written by medical writer Albert Q. Maisel. Entitled "Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace," the article exposed shocking abuses in mental hospitals.¹ By 1947, as part of an effort to build new VA hospitals, Dr. Paul Haun, a psychiatrist with the VA's Washington D.C. office, developed the "Schematic Plan for a 1,000-Bed VA Hospital," a general plan for psychiatric hospital facilities that recommended the types of buildings to be provided, as well as the number of floors and other details. This plan was publicized in the article "New Trends in Hospital Design," by Haun and Dr. Z. M. Lebensohn, in the February 1948 edition of *The American Journal of Psychiatry*.²

Haun's designs emphasized the importance of recreational and occupational training activities, and he tried to reduce the stigma of psychiatric hospitalization by making the facilities resemble resorts or college campuses.³ He recommended that each psychiatric hospital should have a multi-story admissions and intensive treatment building to handle both the initial observation and diagnosis of newly arrived patients and the various forms of intensive psychiatric treatment that followed the diagnosis. Haun favored the multi-story layout because it allowed doctors quick, easy access to patients and also made it easier to contain the patients and secure the facility. Patients would stay in this building for no more than four to six months.⁴ If intensive treatment was not effective, the patient would be

¹ Albert Q. Maisel, "Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace," *Life*, May 6, 1946, 102-118.

² Paul Haun and Z. M. Lebensohn, "New Trends in Hospital Design," *The American Journal of Psychiatry* 104, no. 8 (February 1948): 555-564.

³ *Ibid.*, 564.

⁴ *Ibid.*, 557-559.

transferred out of the admissions and intensive treatment building and into one of several long-term care buildings for continued treatment. In contrast to the admissions and treatment building, Haun recommended that the continued treatment buildings should be low, sprawling structures of only one or two floors, which would allow patients easier passage to outdoor activities, an important part of Haun's treatment philosophy.⁵

The Function of the Admissions Building at Jefferson Barracks

Most of the buildings completed at the Jefferson Barracks VA Hospital from 1952 to 1957, including the Admissions Building, were directly influenced by Haun's approach. In fact, the Neuropsychiatric Hospital facilities completed at Jefferson Barracks from 1952 to 1957 contained most of the elements of the plan that Haun and Lebensohn included in their 1948 article.⁶ The admissions and intensive treatment building is one of the most important parts of Haun's schematic plan for VA hospitals. Hahn's plan called for a psychiatric admissions and treatment building of four stories, with a 170-bed capacity. The facility was to have two purposes. The first was to observe and diagnose new patients entering the hospital. The second was to provide intensive psychiatric treatment to the patients, after diagnosis was completed. The goal was to have patients recover within four to six months; patients who required treatment after four to six months were reassigned to one of the hospital's other buildings for longer-term, continued care. Treatments specifically mentioned by Hahn and Lebensohn in connection with this building included psychotherapy, group therapy, electro-shock treatments, and physical, occupational, and recreational therapies. The nursing units in the building were to be arranged in smaller groups of twenty to twenty-eight beds, to allow patients to have as much personal attention from attendants and nurses as possible.⁷

The schematic plan also had specific recommendations for the type of units that each floor should contain, as follows:

- Basement: Exercise rooms, tonic hydrotherapy, baggage storage, the kitchen, and an administrative suite
- First floor: Offices, conference rooms, social service facilities, and a parole unit (with twenty beds) for patients who were being prepared to complete their treatment and go home
- Second floor: Quiet and Suicidal Unit (twenty-two beds) and Convalescent Unit (twenty-eight beds)
- Third floor: Disturbed Unit (twenty-two beds) and Observation Unit (twenty-eight beds)
- Fourth floor: Quiet Unit (twenty-two beds) and Women's Disturbed Unit (twenty-eight beds)⁸

⁵ Ibid., 555-564.

⁶ Ibid.

⁷ Ibid., 558.

⁸ Ibid., 557.

The floor plan of the Admissions Building at Jefferson Barracks as drawn in 1950 by Jamieson and Spearl, Architects and Engineers, was very close to the Haun schematic and followed its basic recommendations. Jamieson and Spearl was founded in St. Louis in 1918 when James Jamieson partnered with George Spearl. The firm was notable for designing major buildings at several colleges and universities across the Midwest, including ones at Washington University in St. Louis. Jamieson died in 1941, before the firm did work at the VA Hospital, Jefferson Barracks, but the firm continued to use the name Jamieson and Spearl into the 1950s.⁹

The basement of the Admissions Building had clothing and baggage storage, an exercise room, tonic shower, locker rooms, and staff toilets. The first floor featured the lobby, admissions and exam rooms, visitor facilities, and social services offices, as well as a twenty-bed parole nursing unit for patients who were being prepared to be discharged from the hospital; this unit had single bed and four-bed rooms and a day room,¹⁰ which was a large room in which patients could converse and participate in other activities during the daytime in a group setting. Haun and Lebensohn specified that day rooms should be placed in an area of the building where windows could be located on three sides of the room for sunlight and cross-ventilation. They also recommended that the day rooms have direct access to water fountains and toilets for the patients.¹¹

The second floor of the Admissions Building contained a twenty-two-bed Quiet and Suicidal Unit and a twenty-two-bed Convalescent and Pre-Parole Unit. The floor had a kitchen and cafeteria, and included occupational therapy and social services spaces, seclusion rooms for placing patients in isolation, and a room for electro-shock treatment, which at the time was considered a legitimate treatment for certain types of fairly severe conditions.¹²

The third floor included the twenty-two-bed Disturbed Unit and the twenty-two-bed Observation Unit. For disturbed patients, a technique known at the time as hydrotherapy was often used to sedate patients who were agitated or difficult to control. As these techniques included immersing patients in warm water for sedation, this floor contained a large area of tubs. Another common technique of the era was to wrap patients in chilled

⁹ Esley Hamilton, *National Register of Historic Places Inventory Nomination Form for the Washington University Hilltop Campus Historic District*, 1978, on file at the Missouri State Historic Preservation Office.

¹⁰ Jamieson and Spearl, Architects and Engineers, *Construction Drawings for 544-Bed Neuropsychiatric Hospital Admissions Building*, 1950.

¹¹ Haun and Lebensohn, "New Trends in Hospital Design," 560.

¹² Jamieson and Spearl, *Construction Drawings*.

wet cloths (called “packing”), so this floor had a large room with what were labeled as pack tables.¹³ The floor also had the usual bedrooms, cafeteria, visitor, and exam rooms.

The fourth floor housed the 28-bed Women’s Quiet and Suicidal Unit and the 22-bed Women’s Disturbed Nursing Unit. The units on this floor had the typical arrangement of examination rooms, bedrooms, cafeteria, and seclusion rooms for isolating patients who were suicidal, disruptive, or violent.¹⁴ Regarding the design of seclusion rooms, Haun and Lebensohn stated that “Much as we hope to avoid its use, it appears that there will always be a need for a single room affording the patient maximum security. It has been our aim to design a room which will have all of the necessary safety features and yet be so attractive that it may be used equally well as a single room for an improving patient. This room should be 80-100 square feet in area.”¹⁵ The authors describe the many features that these rooms had to prevent the patients from hurting themselves or damaging the room. Amenities recommended by Haun to increase patient comfort included heated floors and a toilet in each of the seclusion rooms.¹⁶ From architectural plans, it is clear that the toilets were incorporated into the seclusion rooms of the Admissions Building, but it is not clear if the floors were heated.¹⁷

The nursing units of this building each included a clinical clerk’s office, examination rooms, doctors’ offices, and interview rooms. These rooms were represented by Haun and Lebensohn as an advance in mental health facility design—many older psychiatric treatment facilities did not have adequate examination and office facilities, and often these functions were performed in inappropriate spaces such as hallways and kitchens. Haun and Lebensohn specified that each nursing ward should have separate rooms for doctors’ offices, examinations, interviews, and clinical record keeping, and these were provided for in each nursing unit in the Admissions Building.¹⁸

A 1958 article by reporter Mary Kimbrough in the *St. Louis Post-Dispatch*, “Rehabilitation Is Goal at Barracks Hospital,” characterized the Jefferson Barracks VA Hospital campus as a 185-bed facility with a pleasant tree-lined campus, and as a place where patients were kept busy at therapeutic activities that would help them recover from their conditions and eventually return to normal life. The article also emphasized that patients wore their own clothing instead of hospital uniforms and lived in small wards instead of large dormitories. The influence of Dr. Paul Haun was showcased in the article, and the text repeated verbatim many of the statements about mental treatment that were in Haun and

¹³ Missouri State Archives, *Quest for a Cure: Care and Treatment in Missouri’s First State Mental Hospital*, website for museum exhibit, www.sos.mo.gov/archives/exhibits/quest/treatment/1930-1950.asp (accessed August 2, 2010).

¹⁴ Ibid.

¹⁵ Haun and Lebensohn, “New Trends in Hospital Design,” 563.

¹⁶ Ibid., 563.

¹⁷ Jamieson and Spearl, *Construction Drawings*.

¹⁸ Haun and Lebensohn, “New Trends in Hospital Design,” 559.

Lebensohn's 1948 article. The 1958 article also represented the Admissions Building as "essentially a psychiatric institute, with facilities for individual psychotherapy, group therapy, physical therapy, and recreational therapy."¹⁹

As psychiatric treatment techniques changed in the late 1950s and 1960s, the facilities in the Administration Building were no longer up-to-date, and some portions of the building were remodeled. With the advent of psychoactive drugs in the mid-1950s, earlier techniques to restrain and calm patients were eventually abandoned.²⁰ Significant areas of square footage in the Admissions Building originally designed for treatments like hydrotherapy and electro-shock therapy became obsolete as sedatives and other drugs were used to treat patients and manage their behavior. As early as 1958, Dr. Lester Drubin, the Jefferson Barracks VA Hospital director, was quoted as saying, "With the new drugs now available, there is no need for electric-shock treatment. The space formerly used for that has been converted for use in other types of therapy."²¹

The Admissions Building continued its original function as long as the Jefferson Barracks facility retained the 1950s-era pattern of patient care, whereby initial treatment in the Admissions Building was followed by either release of the patient or further treatment in one of the low-rise continued treatment buildings elsewhere on the campus. Based on VA maps, property records, and newspaper accounts of construction and remodeling episodes at the medical center, the original pattern of building functions at the hospital appears to have been retained through the 1960s, and into the 1970s.

Recent History of the Admissions Building

The VA began to modify the original Haun-era functional arrangement of the Jefferson Barracks campus by the mid-1970s, and these modifications continued through the 1980s. These changes did not result in any major additions to the Admissions Building, but certainly would have affected how the Admissions Building functioned within the medical center complex. The 1970s saw renovation of Building 52 to eliminate its tuberculosis-related functions, the Infirm Building (Building 51) was expanded in the 1980s for use as a nursing home, and by 1990 the Disturbed Building (Building 53) had been converted to a geriatric facility. This activity indicates that the Haun-era functional arrangement of the hospital was in decline during the 1980s, and had been abandoned by ca. 1990 or slightly

¹⁹ Mary Kimbrough, "Rehabilitation Is Goal at Barracks Hospital," *St. Louis Post-Dispatch*, November 6, 1958.

²⁰ Missouri State Archives, *Quest for a Cure*.

²¹ *Ibid*.

earlier. As a result, by 1990, the Admissions Building had a new name: the Prosthetic and Psychiatric Wards.²²

Currently, the first floor of the Admissions Building is still used for psychiatric treatment, and it has been fairly heavily remodeled within the past fifteen years. The upper floors of the building are today used mainly for storage. Nursing ward spaces and offices in the second to fourth floors have been remodeled during the last forty years, but the central lobby spaces on these floors are still fairly intact and contain original glazed terra-cotta tile on the walls. Plans for remodeling the St. Louis VA Medical Center, Jefferson Barracks Division, call for the demolition of the Admissions Building in the coming years.

Sources:

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²² U.S. Department of Veterans Affairs, *Annual Real Property Survey Report, Building Numbers and Locations, Jefferson Barracks VAMC*, 1990, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

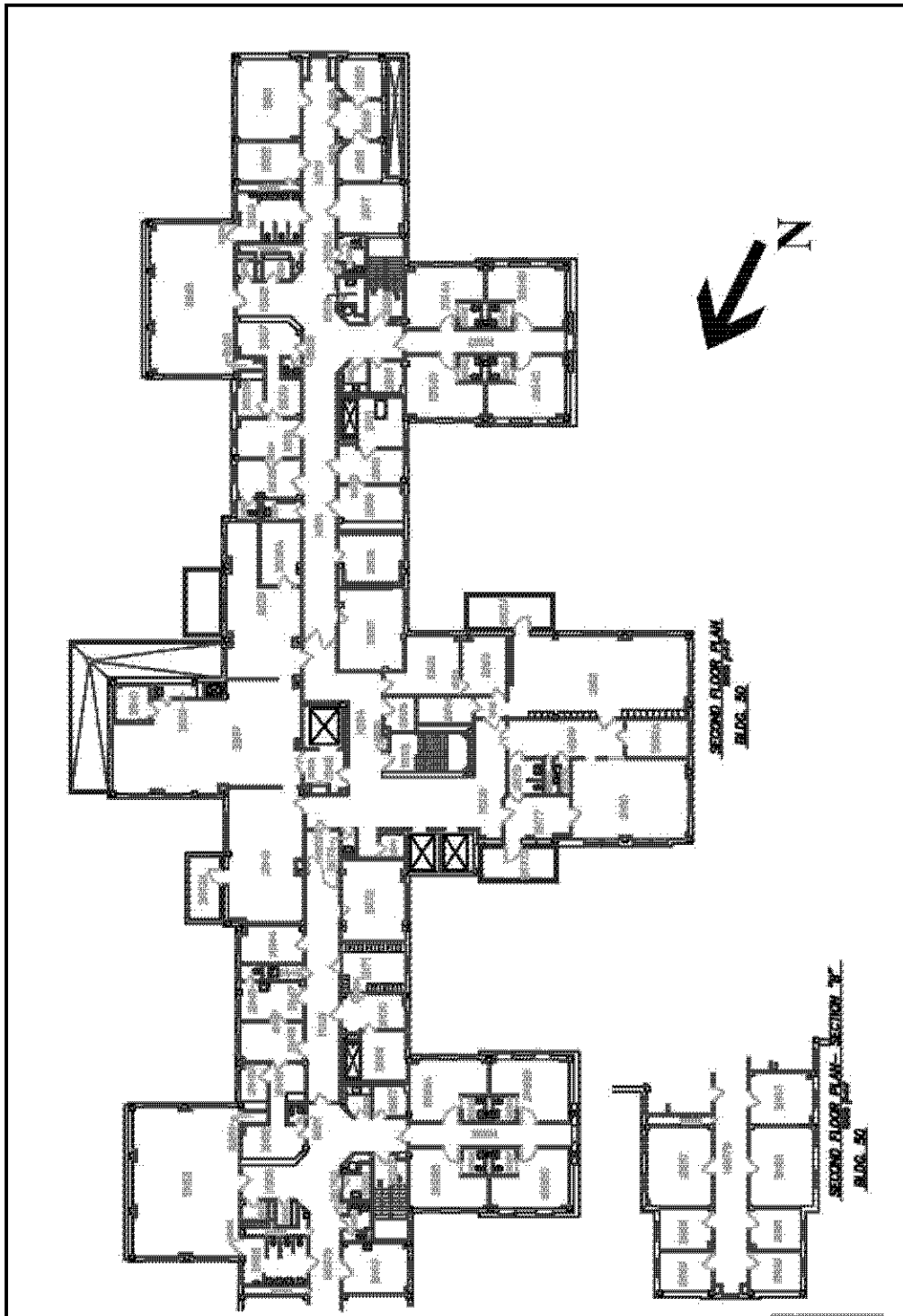
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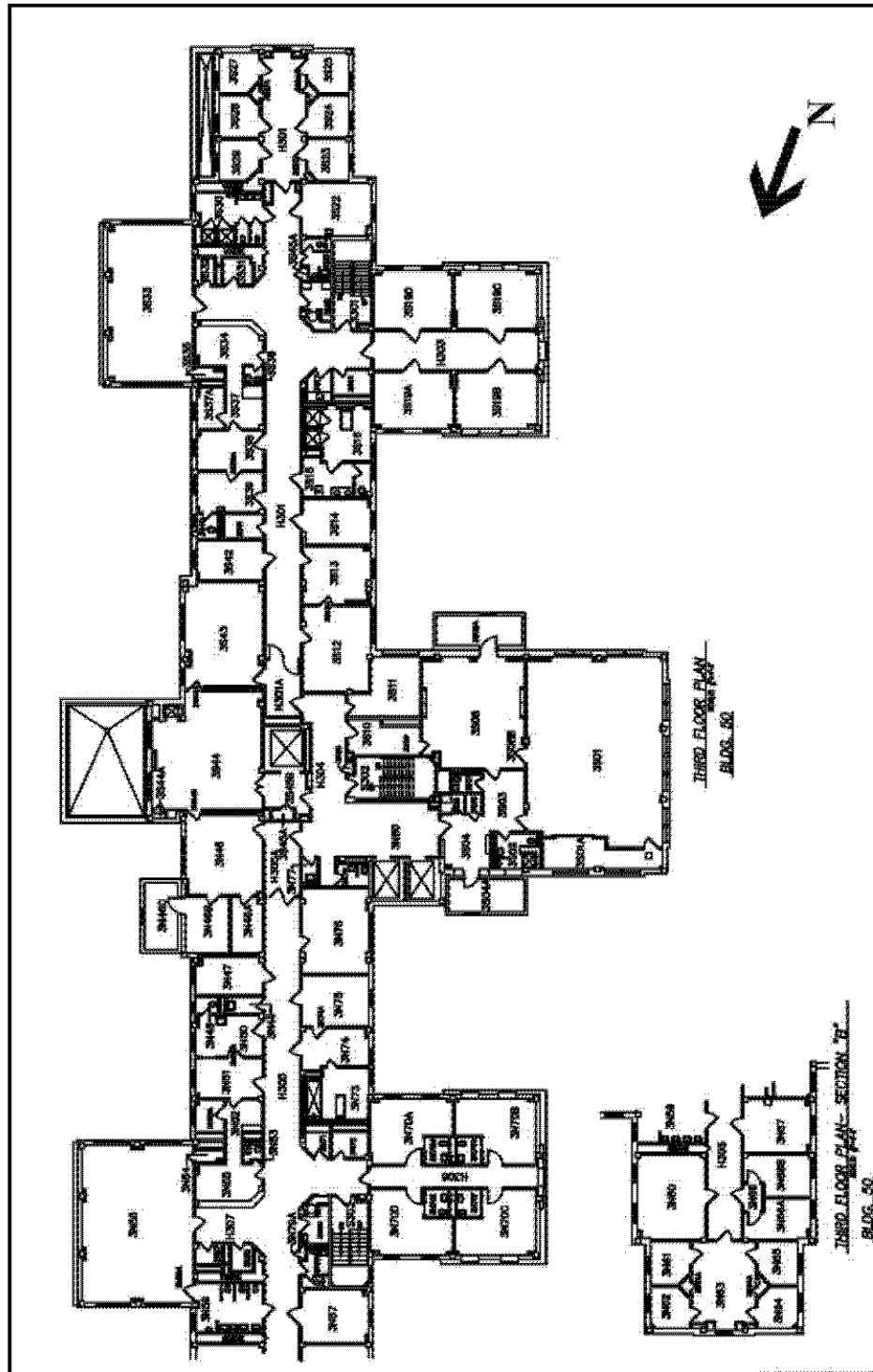
Neuropsychiatric Hospital Admissions Building (Building 50), current ground-floor plan



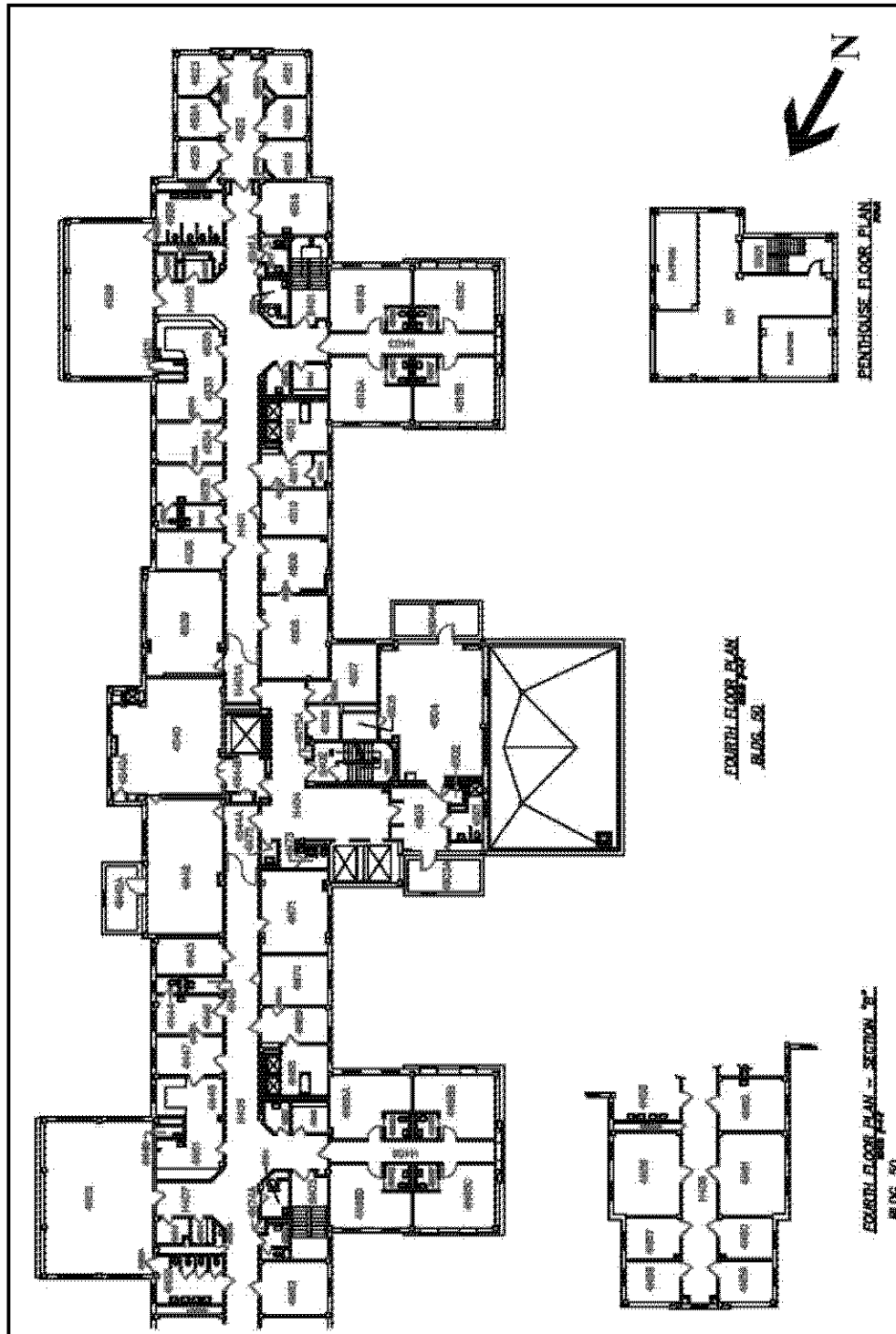
Neuropsychiatric Hospital Admissions Building (Building 50), current first-floor plan



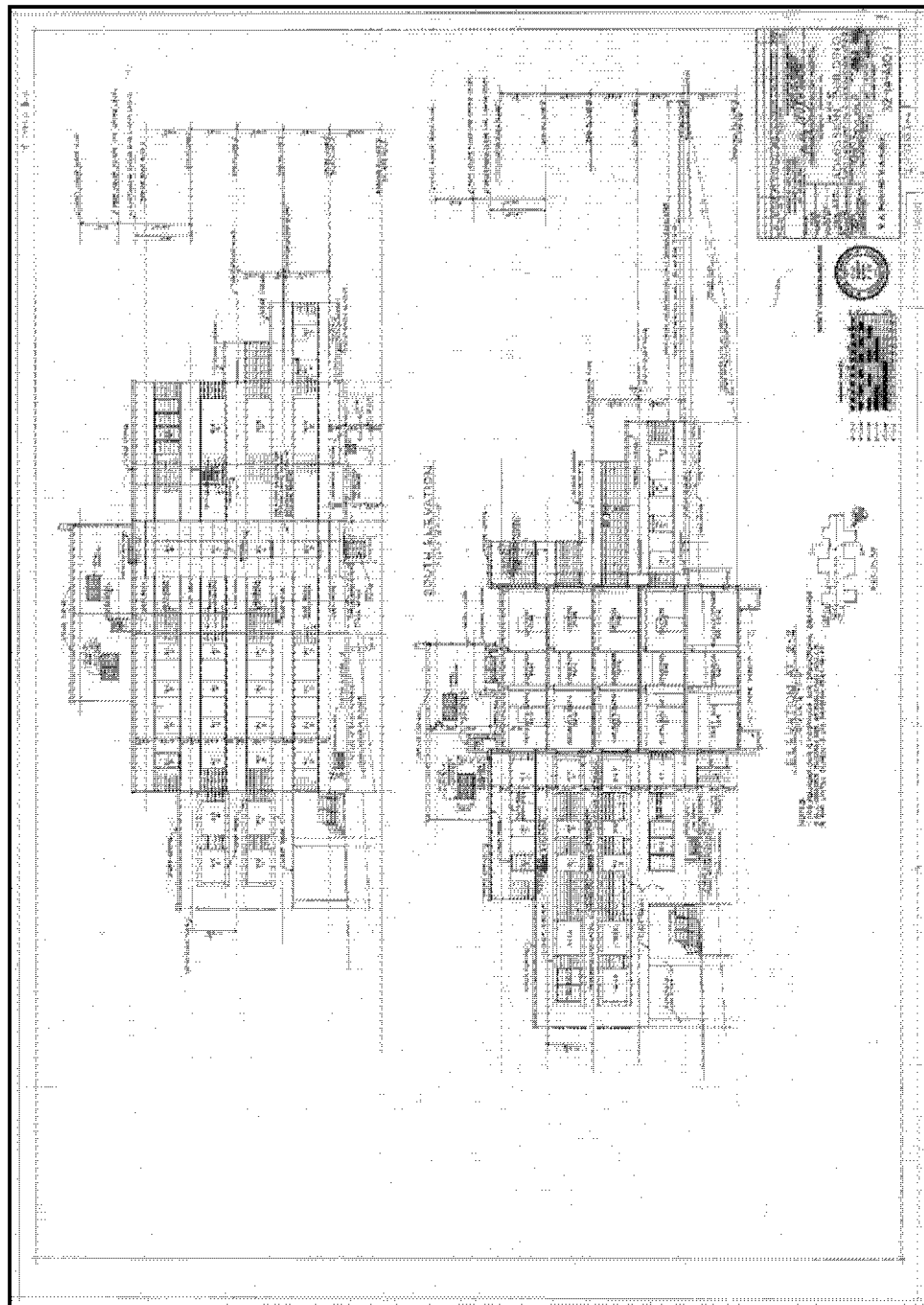
Neuropsychiatric Hospital Admissions Building (Building 50), current second-floor plan



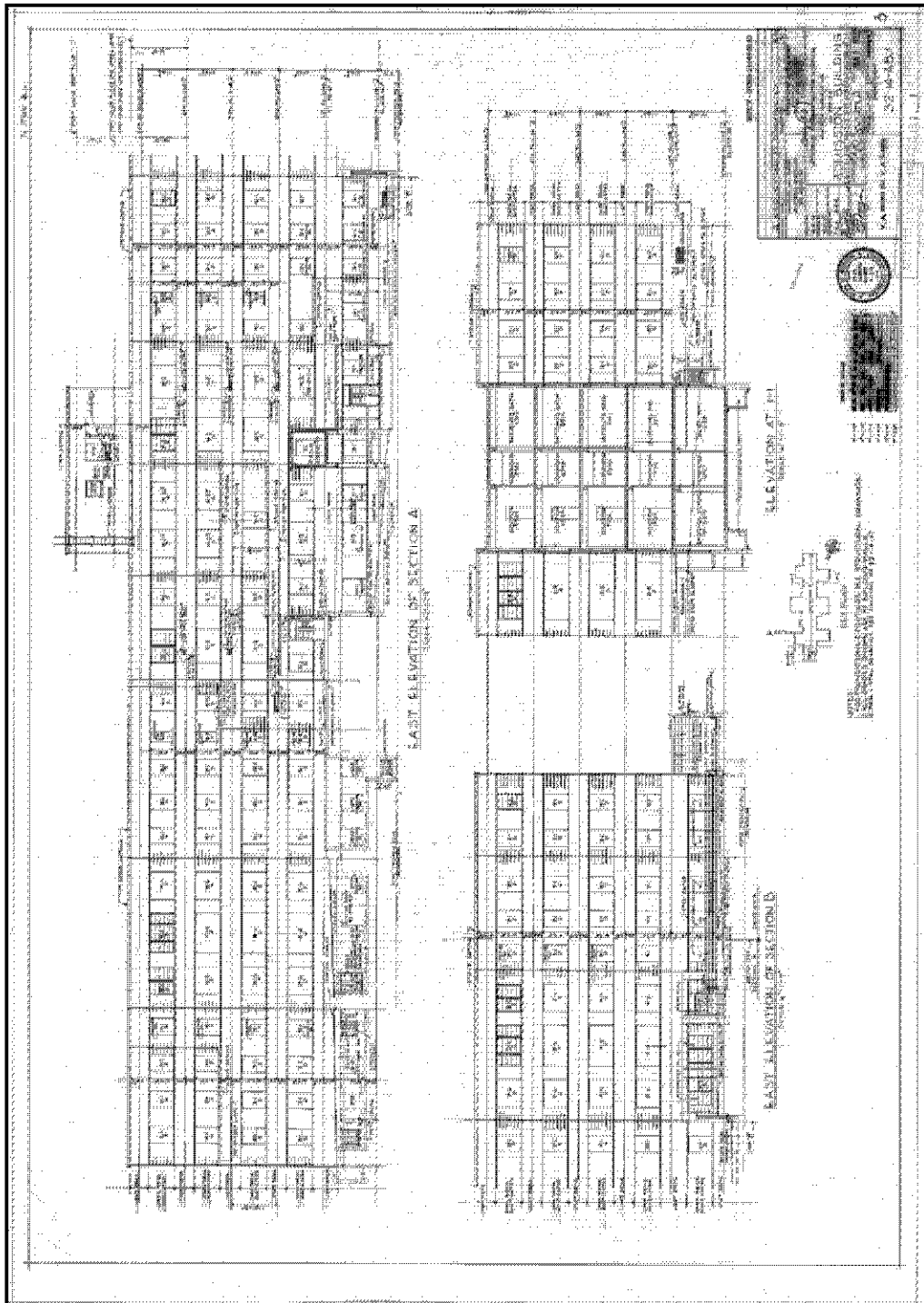
Neuropsychiatric Hospital Admissions Building (Building 50), current third-floor plan



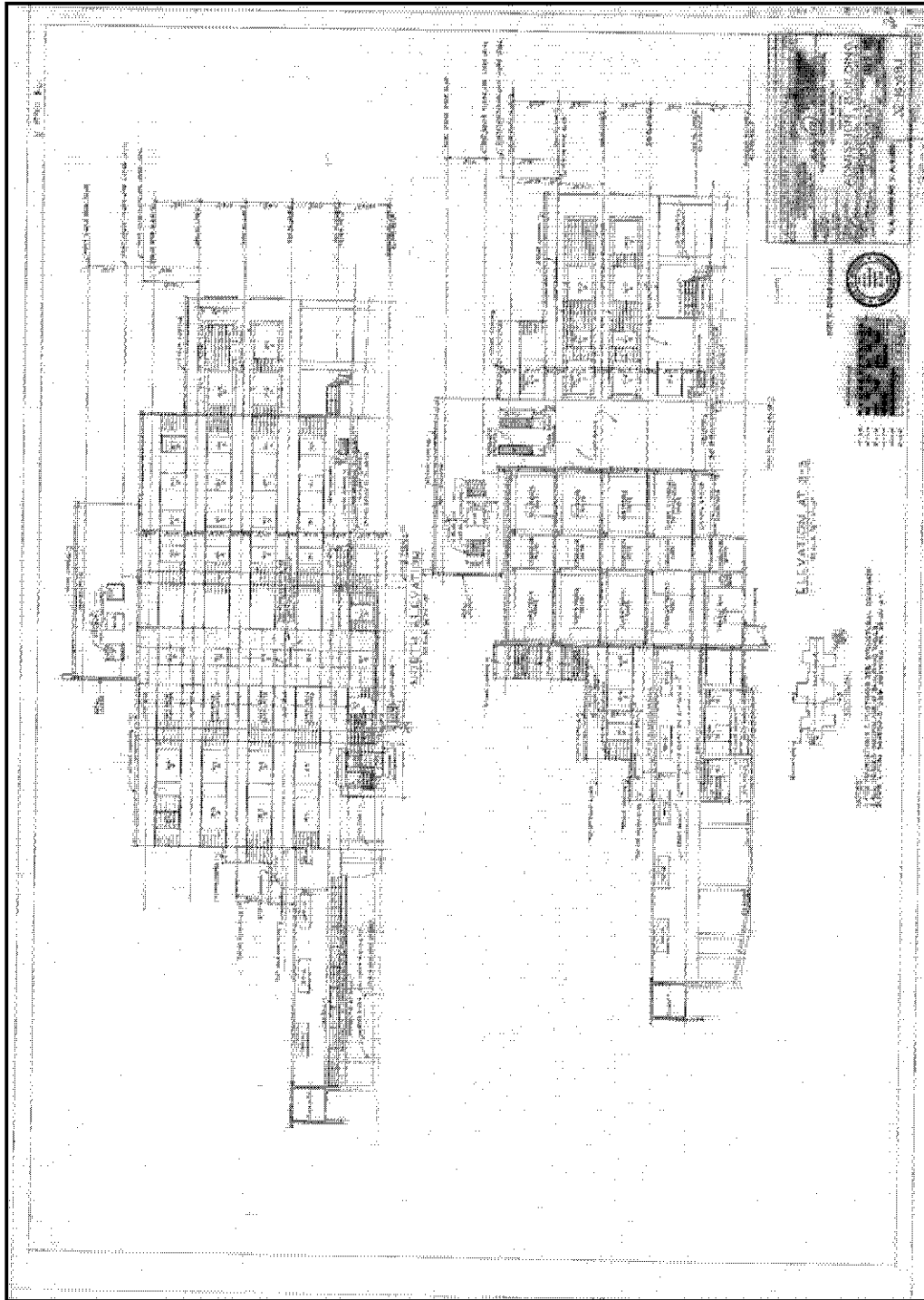
Neuropsychiatric Hospital Admissions Building (Building 50), current fourth-floor plan



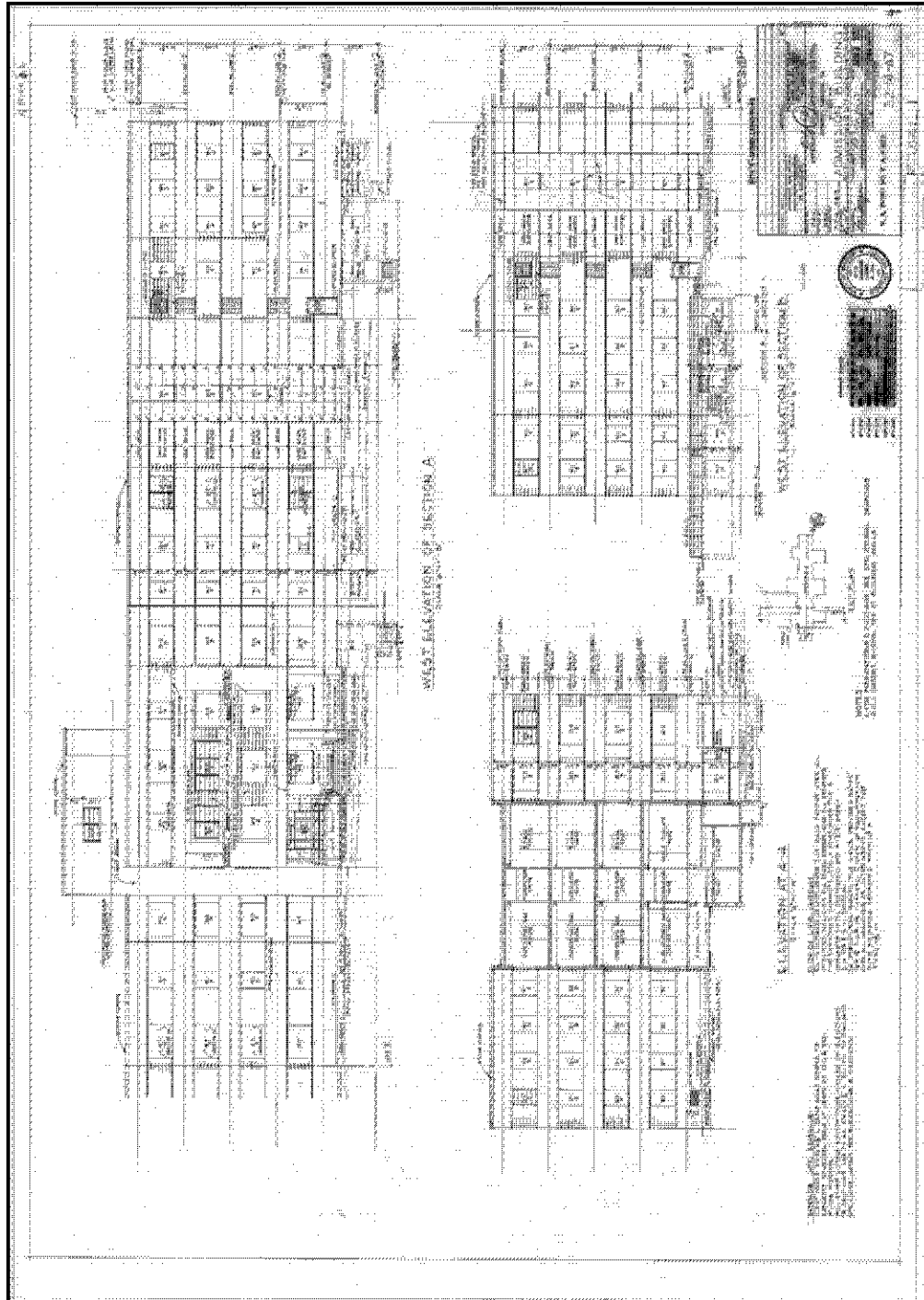
Original south elevation and section of the Neuropsychiatric Hospital Admissions Building
(Building 50), 1950



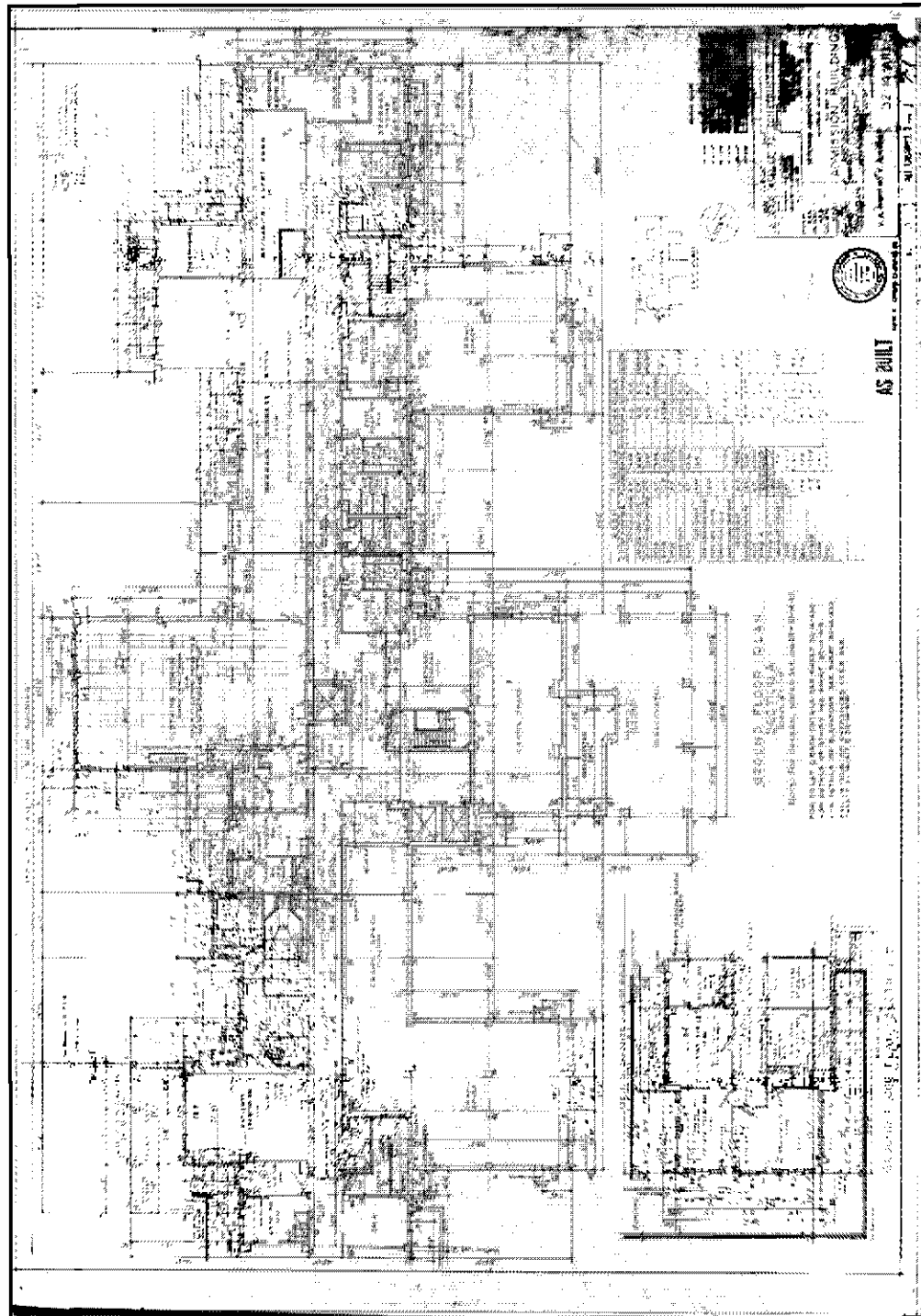
Original east elevation and section of the Neuropsychiatric Hospital Admissions Building
(Building 50), 1950



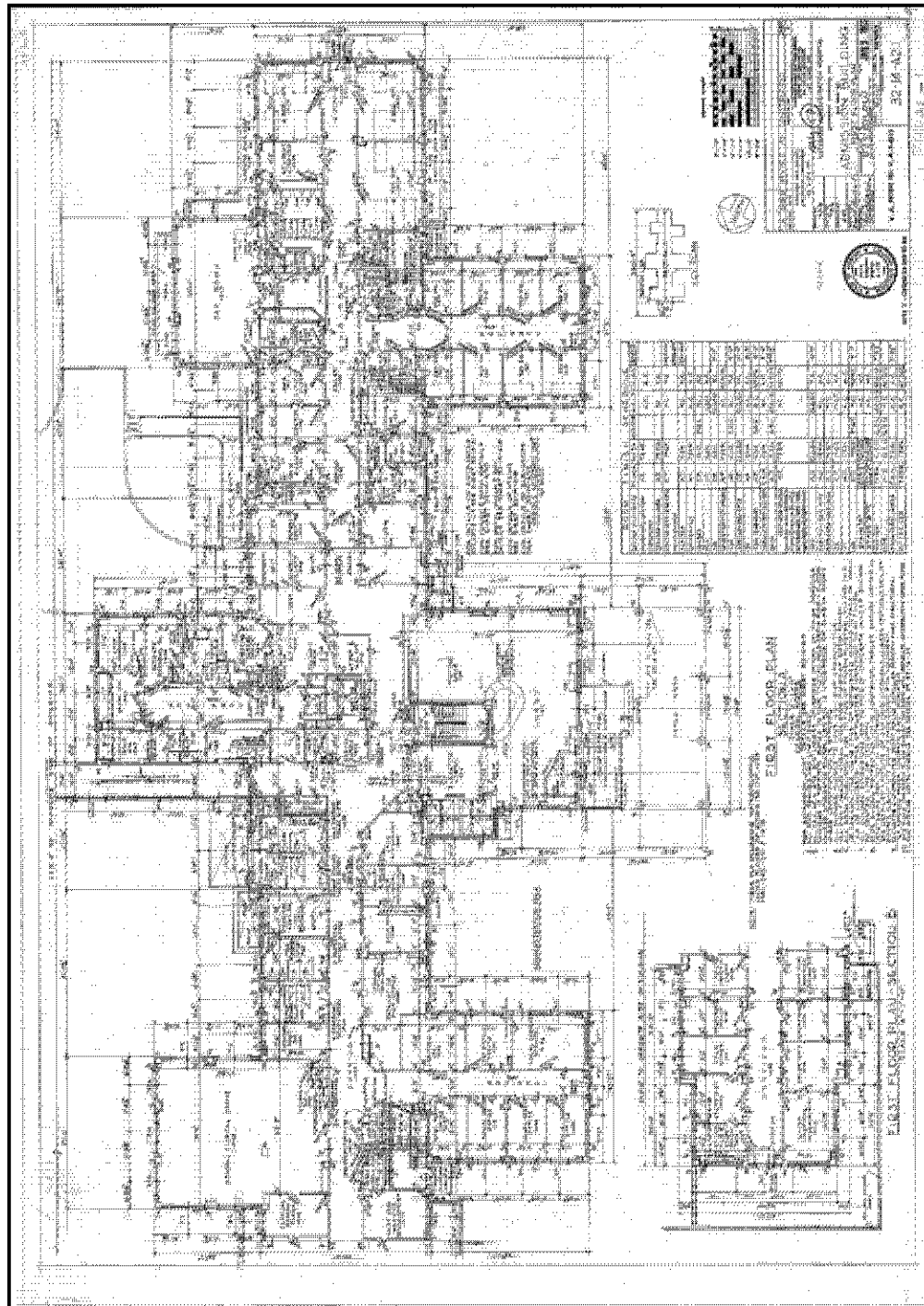
Original north elevation and section of the Neuropsychiatric Hospital Admissions Building
(Building 50), 1950



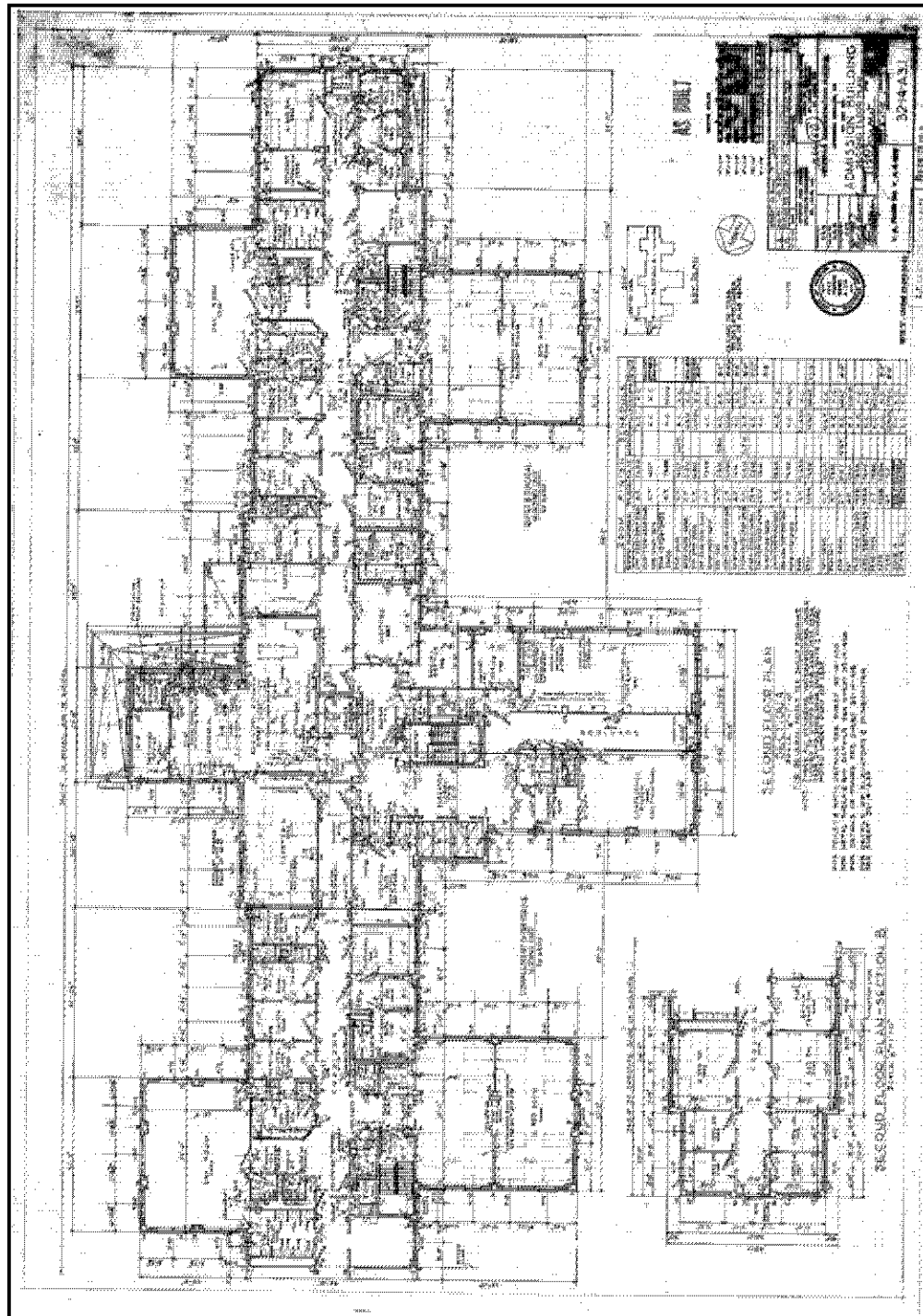
Original west elevation and sections of the Neuropsychiatric Hospital Admissions Building
(Building 50), 1950



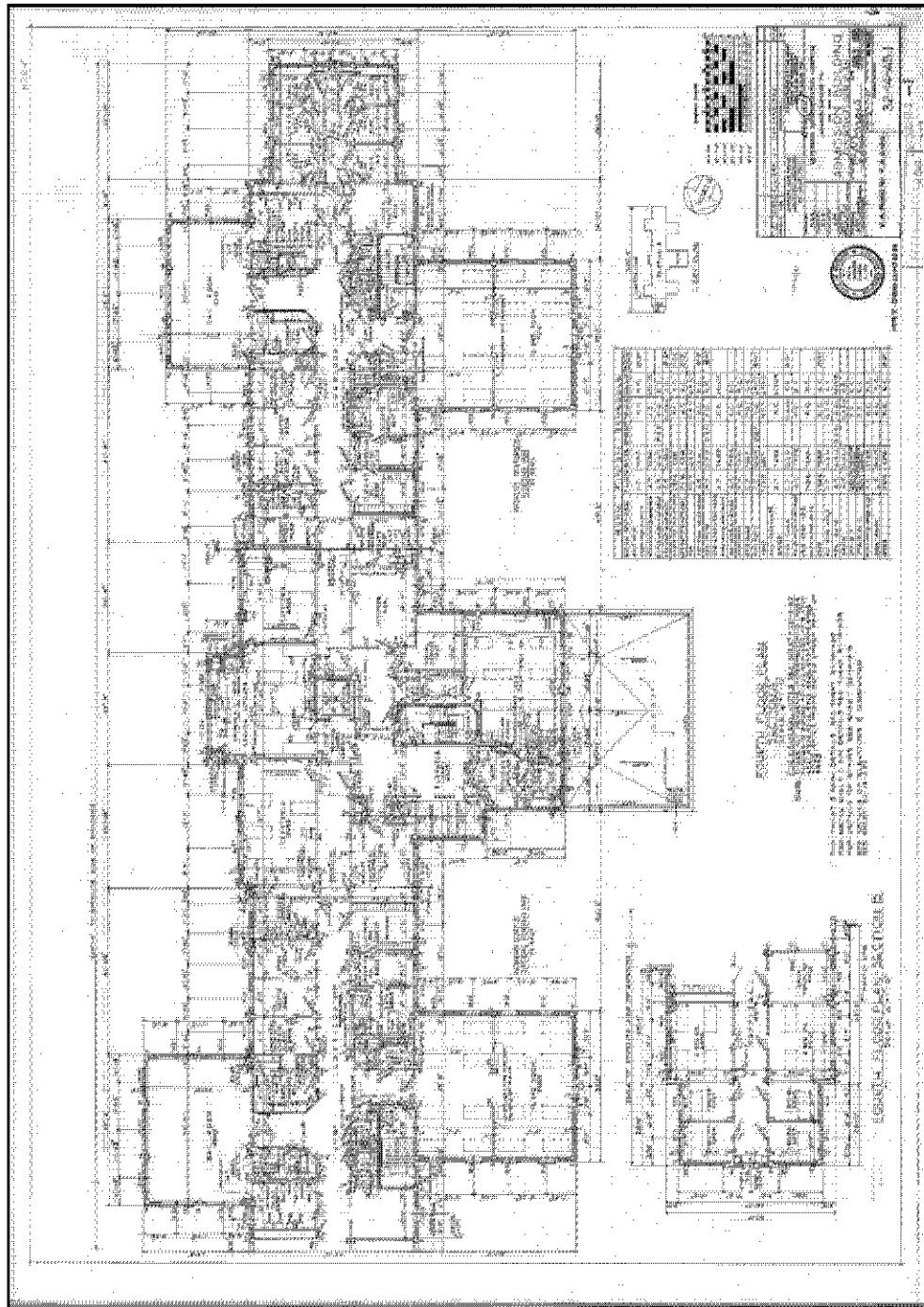
Original ground-floor plan of the Neuropsychiatric Hospital Admissions Building
(Building 50), 1950



Original first-floor plan of the Neuropsychiatric Hospital Admissions Building
(Building 50), 1950



Original second-floor plan of the Neuropsychiatric Hospital Admissions Building
(Building 50), 1950



Original fourth-floor plan of the Neuropsychiatric Hospital Admissions Building
(Building 50), 1950